

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN4401	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2017
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NAME OF PROVIDER OR SUPPLIER

MABRY HEALTH CARE

STREET ADDRESS, CITY, STATE, ZIP CODE

**1340 N GRUNDY QUARLES HWY P O BOX 7
GAINESBORO, TN 38562**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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N 831 1200-8-6-.08 (1) Building Standards

(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.

This Rule is not met as evidenced by:
Based on observations and interview, the facility failed to maintain the overall physical nursing home environment.

The findings included:

1. Observation and interview on 1/30/17 at 9:36 AM, revealed combustible wall decorations not treated with flame spread retardant in the activity room. National Fire Protection Association (NFPA) 101, 19.7.5.6 (2012 Edition)

2. Observation on 1/30/17 at 9:45 AM, revealed damaged walls in the following locations:
a. Beauty shop
b. Front hall medical record room
c. Patient room B 11

3. Observation and interview on 2/1/17 at 8:30 AM, revealed the patient room radiators on the A hall and B hall had plate covers missing exposing patients to the risk of personal injury.

The maintenance director was present when the deficiencies were identified and were later acknowledged by the Assistant Director of Nursing.

N 831

N 831

Step 1 and 2:

No residents were harmed related to the following areas of concern:

- 1) Combustible wall decorations not treated with flame spread retardant in the activity room.
- 2) Damaged walls in the following locations:
*Beauty shop
*Front hall medical record room
*Patient room B 11
- 3) Radiators on the A hall and B Hall missing plate covers.

Step 3:

1) Combustible wall decorations not treated

*February 20, 2017 - Head of Maintenance staff obtained Fire Block Fire Retardant manufactured by Firefreeze Worldwide, INC. product to spray decorations.
(Product is certified in accordance with NFPA255 and ASTM E- 84 by SGS US testing and passed NFPA 701 test for fabrics and films by SWRI.)

*February 20, 2017 in-service completed by Head of Maintenance Department staff to Activity Director on how to apply Fire Block Fire Retardant spray to decorative items in the facility.

*February 20, 2017 Assistant Director of Nursing in-serviced Activity Director that each time decorative items are in use in the facility they must be protected by Fire Block Fire Retardant spray - Activity Director will keep an on-going log of sprayed items and locations.

2) Damaged walls as listed above:

*February 20 2017 - Head of Maintenance staff repaired damage walls in the Beauty shop, Front hall medical record room and Patient room B 11 without difficulty.

3) Radiators on A and B hall plate covers

*February 20, 2017 Head of Maintenance staff obtained material and fabrication covers installed new covers on all radiator units in A, B and Main hallways.

2/20/2017

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kathleen M. Grace

TITLE

Adm

(X6) DATE

2-22-17

STATE FORM

6899

OV2221

If continuation sheet 1 of 1

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER TN4401	(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01 B WING _____	(X3) DATE SURVEY COMPLETED 01/30/2017
NAME OF PROVIDER OR SUPPLIER MABRY HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1340 N GRUNDY QUARLES HWY P O BOX 7 GAINESBORO, TN 38562	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations and interview, the facility failed to maintain the overall physical nursing home environment. The findings included 1. Observation and interview on 1/30/17 at 9:36 AM, revealed combustible wall decorations not treated with flame spread retardant in the activity room. National Fire Protection Association (NFPA) 101, 19.7.5.6 (2012 Edition) 2. Observation on 1/30/17 at 9:45 AM, revealed damaged walls in the following locations: a. Beauty shop b. Front hall medical record room c. Patient room B 11 3. Observation and interview on 2/1/17 at 8:30 AM, revealed the patient room radiators on the A hall and B hall had plate covers missing exposing patients to the risk of personal injury. The maintenance director was present when the deficiencies were identified and were later acknowledged by the Assistant Director of Nursing.	N 831	Continue N 831 Step 4: 1) Activity Director will submit log of decorations in use that have been sprayed with the Fire Block Fire Retardant spray monthly to the IDT staff for 3 months. 2) Head of Maintenance Department staff will inspect facility walls as routine monthly for needed repairs and report areas of concern to IDT staff as they occur and all repairs listed. 3) Head of Maintenance Department staff will inspect Radiator cover plates monthly for any needed repairs for 3 months and then yearly. Head of Maintenance Department staff will report outcome of inspections weekly for 3 months.

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kathleen M Brance

TITLE

Adm

(X8) DATE

2-22-17

STATE FORM

6899

OV2221

If continuation sheet 1 of 1